

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 09, 2009  
Secretary of State**

DOCUMENT# N11443

**Entity Name:** TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA COUNTY, INC.

**Current Principal Place of Business:**

1587 TWELVE CIR  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

1587 TWELVE CIR  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 59-2596443      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HRENKO, BRENDA L  
1587 TWELVE OAKS CIR  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: ANDINO, JUAN  
Address: 1582 TWELVE OAKS CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

Title: ST ( ) Delete  
Name: FERRER, HECTOR  
Address: 1600 TWELVE OAKS CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

Title: P ( ) Delete  
Name: HRENKO, BRENDA  
Address: 1587 TWELVE OAKS CIR  
City-St-Zip: KISSIMMEE, FL 34744

Title: ST ( ) Delete  
Name: HECTOR, FERRER  
Address: 1600 TWELVE OAKS CIR  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA L HRENKO

PRES

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date